

**KTRS MEDICARE ELIGIBLE HEALTH PLAN  
ENROLLMENT APPLICATION  
FOR DISABLED CHILD**

**KTRS USE ONLY**

ID#: \_\_\_\_\_

EFF: \_\_\_\_\_

*Read the instructions on the back of this form before completion.*

Reason for Application: ☐ Open Enrollment ☐ Qualifying Event

**KTRS RETIREE INFORMATION (Please type or print)**

Retiree ID Number	Retiree Name	Retiree Date of Birth
Street Address/P.O. Box		Phone
City, State, Zip		

**DISABLED CHILD INFORMATION (Please type or print)**

Child's Name	Child's Social Security Number
Child's Date of Birth	Child's Gender
Child's Medicare Claim Number	
Part A Effective Date	
Part B Effective Date	

A copy of the child's birth certificate and Medicare card must be submitted with this form.

To enroll in this coverage the child must be eligible for Federal Social Security disability benefits as required under KRS 161.675(2).

**Retiree Signature**

**Date**

The disabled child of a retired member may be entitled to enroll in the Medicare Eligible Health Plan (MEHP) at the full premium cost unless coverage is declined as directed in Kentucky Revised Statute 161.675(2). To enroll outside of open enrollment there must be a qualifying event such as becoming Medicare eligible or losing other coverage. To request this coverage, you must complete the reverse side of this form, attach all required documents, and return it to KTRS the month prior to your termination but no later than 30 days from the qualifying event. Any applications received after this date will not be accepted.

The following conditions must be met before the disabled child can be eligible for coverage in the MEHP:

1. The retired member must have had at least five years of KTRS service.
2. A copy of the child's birth certificate and Medicare card must be submitted with this form.
3. The child must be enrolled in and maintain enrollment in Medicare.
4. The child must be eligible for Federal Social Security disability benefits.
5. If enrolling outside of open enrollment, you must provide documentation of the date of loss of other coverage.

The monthly premium will be deducted from the retiree's monthly annuity or drafted from a checking or savings account if the monthly annuity is not sufficient to cover the premium.

**IMPORTANT:** The MEHP Prescription Drug Plan is a Medicare Part D prescription plan. If you enroll in a Medicare Prescription Drug Plan or another Medicare Advantage Plan outside of KTRS, you will not be eligible to enroll in the MEHP. **Also, if your Medicare terminates or lapses, your KTRS MEHP will be terminated.**

You may obtain information regarding the KTRS MEHP on the web at [www.ktrs.ky.gov](http://www.ktrs.ky.gov).

**NOTE:** Upon death of the retiree and/or surviving spouse, the MEHP coverage will cease for a disabled child. The MEHP does not offer COBRA upon loss of eligibility.

## **AFTER COMPLETION RETURN TO:**

**Kentucky Teachers' Retirement System  
Insurance Department  
479 Versailles Road  
Frankfort, KY 40601  
1-800-618-1687  
502-848-8500/Fax 502-573-0199**